


APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.		1 Total pages filed:	
2 CANDIDATE NAME	MS / MRS / MR <u>(C)</u> FIRST MI	OFFICE USE ONLY Filer ID # Date Received OCT 11 2023 Date Hand-delivered or Postmarked 10-11-2023 Receipt # Amount \$ Date Processed 10-11-2023 Date Imaged	
	NICKNAME LAST SUFFIX		
TOMMY BOB			
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 205 PLAINS TEX 79353			
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION		
(806) 592 1267			
5 OFFICE HELD (if any)	Commissioner Pct #3		
6 OFFICE SOUGHT (if known)	Commissioner Pct #3		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR <u>(C)</u> FIRST MI NICKNAME LAST SUFFIX		
SE (A)			
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; STATE; ZIP CODE		
SAME			
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION		
() SAME			
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code. I am aware of my responsibility to file timely reports as required by title 15 of the Election Code. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.  Signature of Candidate		
		10-11-23 Date Signed	

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**CANDIDATE MODIFIED
REPORTING DECLARATION**

**FORM CTA
PG 2**

11 CANDIDATE
NAME

12 MODIFIED
REPORTING
DECLARATION

**COMPLETE THIS SECTION ONLY IF YOU ARE
CHOOSING MODIFIED REPORTING**

**** This declaration must be filed no later than the 30th day before
the first election to which the declaration applies. ****

**** The modified reporting option is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

**** Candidates for the office of state chair of a political party
may NOT choose modified reporting. ****

I do not intend to accept more than \$1,010 in political contributions or
make more than \$1,010 in political expenditures (excluding filing fees)
in connection with any future election within the election cycle. I
understand that if either one of those limits is exceeded, I will be
required to file pre-election reports and, if necessary, a runoff
report.

Year of election(s) or election cycle to
which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

APPLICATION FOR A PLACE ON THE GENERAL PRIMARY BALLOT

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL¹ Failure to provide required information may result in rejection of application.

APPLICATION FOR A PLACE ON THE Republican PARTY GENERAL PRIMARY BALLOT

To: State/County Chair (Democratic or Republican)

I request that my name be placed on the above-named official primary ballot as a candidate for nomination to the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.) <u>County Commissioner pct #3</u>	INDICATE TERM <input checked="" type="checkbox"/> FULL <input type="checkbox"/> UNEXPIRED	INCUMBENT DECLARATION: (Check this box if you are the incumbent.) INCUMBENT <input type="checkbox"/>
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FULL NAME (First, Middle, Last) <u>Tommy Guy Box</u>	PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT* <u>Tommy Box</u>
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PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.) <u>880 CR 145</u>	PUBLIC MAILING ADDRESS (Optional) (Address for which you receive campaign related correspondence, if available.) <u>P O BOX 205</u>
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CITY <u>PLAINS</u>	STATE <u>TEX</u>	ZIP <u>79355</u>	CITY <u>PLAINS</u>	STATE <u>TEX</u>	ZIP <u>79355</u>
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PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)	OCCUPATION (Do not leave blank) <u>Yoakum County Commissioner pct #3</u>	DATE OF BIRTH <u>06 / 30 / 1956</u>	VOTER REGISTRATION VUID NUMBER ² (Optional)
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TELEPHONE CONTACT INFORMATION (Optional)
Home: 806 592 1267 Office: Cell: 806 592 1267

FELONY CONVICTION STATUS (You MUST check one) <input checked="" type="checkbox"/> I have not been finally convicted of a felony. <input type="checkbox"/> I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application. ³	LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN IN THE STATE OF TEXAS <u>54</u> year(s) <u>0</u> month(s)	IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED <u>54</u> year(s) <u>0</u> month(s)
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*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Tommy Box, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Tommy Box, of YOAKUM County, Texas, being a candidate for the office of County Commissioner pct #3, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

X [Signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 21st day of November, 2023, by Tommy Box
(day) (month) (year) (name of candidate)

[Signature]
Signature of Officer Authorized to Administer Oath⁴
Clerk
Title of Officer Authorized to Administer Oath



TO BE COMPLETED BY CHAIR OR SECRETARY OF THE COUNTY EXECUTIVE COMMITTEE: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE PAID BY:

CASH CHECK MONEY ORDER CASHIERS CHECK OR PETITION IN LIEU OF A FILING FEE Voter Registration Status Verified

This document and \$ 750 filing fee or a nominating petition of _____ pages received. (See Section 1.007)

11 / 21 / 2023
Date Filed

11 / 21 / 2023 or _____
Date Accepted Date Rejected

Signature of Chair or Designee Receiving Filed Application

Signature of Chair or Secretary Upon Determination of Application